

detergents such as Bon Ami®, Cold Power® detergent and Lux® detergent as well as popular face soaps, such as Lux® soap, Shield® soap and Zest®. Zest® is very heavily advertised on television and in this author's experience is a common offender.

The butterfly rash over the cheeks and bridge of the nose may suggest at first glance that we are dealing with lupus erythematosus. As one would expect, the areas affected are those most directly exposed to the sun's rays, including the tips of the ears, the cheeks and backs of the hands. Unfortunately photosensitivity may persist for a considerable length of time after the use of the offending soap or detergent is discontinued. A few unfortunate victims become identified as persistent light reactors and must avoid exposure for months or years.

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## Evaluation and Management of Insomnia

INSOMNIA IS THE MOST prevalent of all primary sleep disturbances which the physician is called upon to manage. Recent studies in sleep research laboratories have contributed greatly to our understanding of this disorder. It has been found that over 80 percent of insomniac patients have significant psychopathology as evidenced by one or more major Minnesota Multiphasic Personality Inventory (MMPI) scales in the pathological range. Specific MMPI scales which have been found most frequently abnormal are those for depression, sociopathy, obsessive-compulsive features and schizophrenic trends. Insomniac patients, however, seldom view their difficulties in psychological terms. They are not often referred for psychiatric care and seek such care only rarely.

Although many drugs are initially effective in inducing or maintaining sleep, tolerance frequently develops within two weeks. Flurazepam (Dalmane®) seems to be the drug of choice since such tolerance does not appear to develop. In cases where hypnotic drugs have become ineffective, the drug should be withdrawn extremely gradually (at the rate of one therapeutic dose every five or six days) to minimize rapid eye movement (REM) rebound, and the patient should be warned that in-

creased dreaming and even nightmares may occur. Drug therapy alone is usually sufficient in cases of mild insomnia or insomnia secondary to situational disturbances. More severe or chronic insomnia usually requires both psychotherapy and drug therapy.

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## Spandex Dermatitis

SOME KNOWLEDGE quite old becomes extremely current due to progress in industry. A good illustration of this is provided by the special organic sulphur compounds which include disulfiram (Antabuse®), thiram, and now spandex used in making stretch materials for garments—especially girdles and brassieres for women. It is well known that the patient ingesting disulfiram (Antabuse®) is sensitized and becomes extremely ill when he ingests alcohol. It is less well known that related synthetic rubber compounds, or related fungicides, such as thiram, have this same ethanol sensitization reaction in the skin.

As early as 1925 workers in the rubber industry began to develop eczematous eruptions due to sensitivity to thiram (bis [dimethylthiocarbamoyl] disulfide). This material is a catalytic accelerator for the process of vulcanizing and it is still in use and constitutes a major cause of rubber sensitivity.

In the 1950's this molecule produced the interesting condition known as "golf course dermatitis." Thiram is an excellent fungicide and was sprayed on golf courses for this purpose. The golfer who played early in the morning seemed to get the largest dose and if the golfer had an alcoholic drink after the game the burning, itching and redness of the skin that soon ensued was very distressing. An interesting aspect of this was that the hand that was used to pick up the golf ball was always much more involved than the other hand.

Now modern industry has given us spandex manufactured by several different companies including Dupont, United States Rubber, American Cyanamide and Kemstran Corporation and sold under various trademarks including Lycra®, Burreme®, Numa® and Blue "C"®. By 1967 it was

thought that products of other manufacturers who produced spandex containing mercaptobenzothiazole were responsible for the allergic reaction to spandex garments. Since 1967 it has become very evident that this is not the case and even though the products listed above contain none of the offending mercaptobenzothiazole one still sees the burning, itching, eczematous rash tracing the specific outline of the spandex bra. These reactions are especially severe if the new spandex bra or girdle is worn on an evening when the patient had alcoholic drinks.

This old nucleus, the polyurethane nucleus, is still very much with us and when one sees dermatitis on the area covered by a brassiere or girdle one is well advised to read the label and look for the word "spandex."

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## Health Hazard Appraisal— Prospective Medicine

A NEW AID in patient care that evaluates the risk of an illness before it strikes has been developed and is called "health hazard appraisal." This method is one of the newer developments in medicine's continuing attempt to carry preventive medicine into the prospective field.

In several areas of the country, methods have been developed for using a computer to evaluate a patient's risk of disease. The data obtained can be discussed with the patient so that he may determine the desirability of changing his life style to decrease the risk of the more common causes of death.

The patient's personal physician takes the information (which includes physical findings, laboratory findings and a health questionnaire that surveys family history and personal habits) and this is entered into a computer. The individual's risk factors are determined and outlined in such a manner that the patient may determine his life expectancy with his current risk. The patient is also given an estimate of the additional life expectancy he would have if he corrected the correctable factors.

This computerized technique is now available

to any physician who desires it through laboratories throughout the country.

Prospective medicine is merely another way in which the modern physician may be able to increase the longevity of his patients and attempt to truly prevent illness.

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## Cromolyn in the Prevention and Treatment of Asthma

CROMOLYN SODIUM (Intal®, Aarane®) is a recently approved antiasthmatic drug which has now been released for general prescription use in the United States. This drug has a mechanism of action unlike any previously used mode of antiasthmatic therapy. Cromolyn sodium (CS) has been in general use in Europe for several years and in Great Britain since 1968. It appears useful in the prevention of asthmatic attacks, especially pollen allergy asthma which comes on a seasonal basis. Cromolyn is administered as a dry powder, combining twenty milligrams of cromolyn sodium and twenty milligrams of lactose in a capsule. A special inhalation device permits inhalation of the powder in about five or six deep breaths. Administration is one capsule four times a day at regular intervals. The drug cromolyn is not of great use in the treatment of established asthmatic attacks and has no bronchodilator effect. Its mode of action is generally conceded to be by stabilizing the membrane of the mast cells in the bronchial wall. This blocks the antigen-antibody release of histamine by preventing disruption of these mast cells.

Effectiveness of CS can be demonstrated by pretreatment with inhalations of powder and then challenge, using pollens known to produce asthma in a given patient. The most startling effectiveness of the drug has been in young asthmatics with relatively little element of infection and with severe restriction of exercise tolerance. CS seems to prevent the usual delayed asthma attack from prolonged exercise and many of the treated children are released for full participation in games and running by the administration of the protective medication.

The second and very promising use of cromolyn